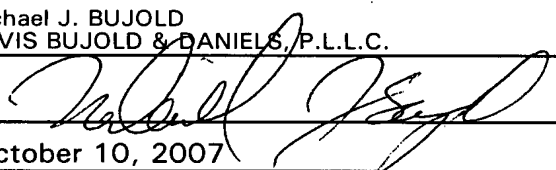
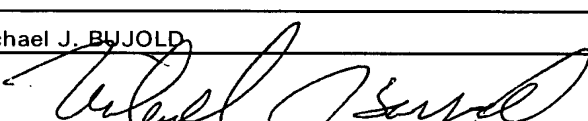
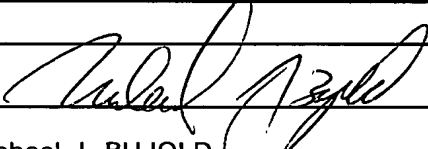


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing) OCT 15 2007 PATENT & TRADEMARK OFFICE		Application Number	10/583,121
		Filing Date	with an effective filing date of December 17, 2004
		First Named Inventor	Igor Lvovich SKRYABIN et al.
		Group Art Unit	
		Examiner Name	
Total No. of Pages in this Submission: 8		Attorney Docket Number	GRIHAC P48AUS
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form [2] <input type="checkbox"/> Fee attached + Check \$230 <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [2] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard Renewed Petition under 37 C.F.R.147(a) [2] Copy of a July 18, 2007 letter . . [2] Copy of Dr. Skryabin's reply to the July 18, 2007 letter [1]	
REMARKS			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C.		Reg. No. 32,018 CUSTOMER NO. 020210
Signature			
Date	October 10, 2007		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>October 10, 2007</u> .			
Type or printed name	Michael J. BUJOLD		
Signature	 Date: October 10, 2007 (lfb)		

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4838).</p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2006</h3> <p>■ Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Application No. Filing Date First Named Inventor Examiner Name Art Unit </td> <td style="width:50%; vertical-align: top;"> 10/583,121 with an effective filing date of December 17, 2004 Igor Lvovich SKRYABIN and Graeme Leslie EVANS </td> </tr> <tr> <td style="vertical-align: top;"> Attorney Docket No. </td> <td style="vertical-align: top;"> GRIHAC P48AUS </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/583,121 with an effective filing date of December 17, 2004 Igor Lvovich SKRYABIN and Graeme Leslie EVANS	Attorney Docket No.	GRIHAC P48AUS																
Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/583,121 with an effective filing date of December 17, 2004 Igor Lvovich SKRYABIN and Graeme Leslie EVANS																						
Attorney Docket No.	GRIHAC P48AUS																						
TOTAL AMOUNT OF PAYMENT: \$230																							
METHOD OF PAYMENT (check all that apply)																							
<p>■ Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p>■ Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD & DANIELS, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p>■ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ■ Credit any overpayments</p>																							
<p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																							
FEE CALCULATION																							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																							
Application Type	<table border="0" style="width:100%;"> <tr> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> </tr> </table>		FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)								
FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																	
Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)																		
Utility	300	150	500	250	200	100																	
Design	200	100	100	50	130	65																	
Plant	200	100	300	150	160	80																	
Reissue	300	150	500	250	600	300																	
Provisional	200	100	0	0	0	0																	
2. EXCESS CLAIM FEES																							
Fee Description					Fee (\$)	Small Entity	Fee (\$)																
Each claim over 20 (including Reissues)				50		25																	
Each independent claim over 3 (including Reissues)				200		100																	
Multiple dependent claims					360	180																	
<table border="0" style="width:100%;"> <tr> <td><u>Total Claims</u></td> <td><u>-20 or HP =</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </table>								<u>Total Claims</u>	<u>-20 or HP =</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				x	=			
<u>Total Claims</u>	<u>-20 or HP =</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																
			x	=																			
<table border="0" style="width:100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>-3 or HP +</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> </tr> </table> <p>HP = highest number of independent claims paid for, if greater than 3.</p>								<u>Indep. Claims</u>	<u>-3 or HP +</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>							x	=			
<u>Indep. Claims</u>	<u>-3 or HP +</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																			
			x	=																			
3. APPLICATION SIZE FEE																							
<p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>																							
<table border="0" style="width:100%;"> <tr> <td><u>Total Sheets</u></td> <td><u>-100 =</u></td> <td><u>Extra Sheets</u></td> <td><u>No. of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>=</td> </tr> </table>								<u>Total Sheets</u>	<u>-100 =</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				/ 50 =	(round up to a whole number) x	=				
<u>Total Sheets</u>	<u>-100 =</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																		
			/ 50 =	(round up to a whole number) x	=																		
4. OTHER FEE(S)																							
Petition for 2-month Extension of Term (SMALL)							\$230																
SUBMITTED BY																							
Signature						Telephone (603) 226-7490																	
Name (Print/Type)	Michael J. BUJOLD			Registration No. (Atty/Agent) 32,018	Date: October 10, 2007																		